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Bib Data Sheet

CONFIRMATION NO. 7644

<b>SERIAL NUMBER</b> 10/608,203	<b>FILING OR 371(c) DATE</b> 06/27/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> GAR03 P-103
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**APPLICANTS**

Tom Garrison, Spring Lake, MI;  
 Robert Anderson, Coopersville, MI;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/392,209 06/28/2002 *RL*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 09/24/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div>Examiner's Signature <i>[Signature]</i></div> <div>Initials _____</div> </div>			

**ADDRESS**

28101

**TITLE**

Wedge for use in dental restoration

<b>FILING FEE RECEIVED</b> 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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